

Student Employee Completes Section I, II, III, IV, and V

**Section I. Student Employee Contact Information**

Legal Name: \_\_\_\_\_  
Last First M.I.

10-Digit Student ID: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ @usc.edu

Cell Phone No.: ( ) \_\_\_\_\_ Other Phone No.: ( ) \_\_\_\_\_

Local Address: \_\_\_\_\_  
Street Address Suite # City State ZIP Code

Permanent Address: \_\_\_\_\_  
Street Address Suite # City State ZIP Code

(Please write "same as above" if same. In necessary case, your department will mail the paycheck to the permanent address, not the local address)

**Section II. Pre-Hire Questions**

1. Requesting Work Period? Summer  Fall  Spring  Year: 20
2. Are you currently enrolled this semester? YES  NO
3. Have you worked in any department at USC in the past? *If NO, please skip to Q8.* YES  NO
4. When did you last work at USC? Summer  Fall  Spring  Year: 20
5. Are you continuing with the same department that you currently work for? YES  NO
6. Are you currently working for another department/school at USC? YES  NO   
*If YES, how many total hours will you be working in this position(s)? \_\_\_\_\_ hours per week*
7. Will you continue employment with your other department on Q6? YES  NO
8. Do you have a College Work Study Award? YES  NO
9. What year and semester are you graduating? Summer  Fall  Spring  Year: 20

**Section III. Student Workers Ground Rules and Q10**

- a) You **must be enrolled in at least the minimum number of units listed below** and claim student status for employment tax purposes - 6 units for undergraduate students, 4 units for graduate students, 3 units for doctoral level students.
- b) **Regardless of how many supervisors you may have, you are limited to 20 hours a week during the fall and spring semesters and 40 hours a week during summer, winter, and spring breaks.**
- c) If it is your first time working at Marshall, **you are not authorized to begin working** until you have fulfilled the employment requirements and forms. You must attend a payroll session before beginning to work and bring your **original documents** to verify eligibility to work in the United States. Instructions on how to sign up for a payroll session will be provided by your supervisor.
- d) If you are **getting an hourly rate change**, i.e. pay-increase, then please **stop by Bridge Hall 200 and ask for NTE form** required for this change. The effective date of the hourly rate will be determined by the Marshall HR Office, NOT your supervisor. Hours of operation are 8:30 am - 5:00 pm, Monday through Friday.
- e) You **accrue sick time** at the rate of .034 hours (app. 2 min) for every one hour of work to a maximum of 48 hours. You may use up to 24 sick hours per year **only on the days/hours you are regularly scheduled to work.**

10. Please initial and date that you have READ the points a) thru e) Initial: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Section IV. Emergency Contact Information**

**Primary Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(i.e. father, mother, or guardian)

Address: \_\_\_\_\_  
Street Address Suite # City State ZIP Code

Cell Phone No.: ( ) \_\_\_\_\_ Other Phone No.: ( ) \_\_\_\_\_

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Secondary Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(i.e. roommate or close friend)

Address: \_\_\_\_\_  
Street Address Suite # City State ZIP Code

Cell Phone No.: ( ) \_\_\_\_\_ Other Phone No.: ( ) \_\_\_\_\_

**Section V. Availability to Work Information**

11. How many hours per week are you available to work?

5 hrs/week  10 hrs/week  10-15 hrs/week  15-20hrs/week

12. What days and hours are you available to work? (Please check all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday
06a-07a <input type="checkbox"/>	06a-07a <input type="checkbox"/>	06a-07a <input type="checkbox"/>	06a-07a <input type="checkbox"/>	06a-07a <input type="checkbox"/>
07a-08a <input type="checkbox"/>	07a-08a <input type="checkbox"/>	07a-08a <input type="checkbox"/>	07a-08a <input type="checkbox"/>	07a-08a <input type="checkbox"/>
08a-09a <input type="checkbox"/>	08a-09a <input type="checkbox"/>	08a-09a <input type="checkbox"/>	08a-09a <input type="checkbox"/>	08a-09a <input type="checkbox"/>
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11a-12p <input type="checkbox"/>	11a-12p <input type="checkbox"/>	11a-12p <input type="checkbox"/>	11a-12p <input type="checkbox"/>	11a-12p <input type="checkbox"/>
01p-02p <input type="checkbox"/>	01p-02p <input type="checkbox"/>	01p-02p <input type="checkbox"/>	01p-02p <input type="checkbox"/>	01p-02p <input type="checkbox"/>
02p-03p <input type="checkbox"/>	02p-03p <input type="checkbox"/>	02p-03p <input type="checkbox"/>	02p-03p <input type="checkbox"/>	02p-03p <input type="checkbox"/>
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05p-06p <input type="checkbox"/>	05p-06p <input type="checkbox"/>	05p-06p <input type="checkbox"/>	05p-06p <input type="checkbox"/>	05p-06p <input type="checkbox"/>
06p-07p <input type="checkbox"/>	06p-07p <input type="checkbox"/>	06p-07p <input type="checkbox"/>	06p-07p <input type="checkbox"/>	06p-07p <input type="checkbox"/>
07p-08p <input type="checkbox"/>	07p-08p <input type="checkbox"/>	07p-08p <input type="checkbox"/>	07p-08p <input type="checkbox"/>	07p-08p <input type="checkbox"/>

Thank you for completing sections I through V. Please submit to your department ☺

**Section VI. Payroll Information – To be Completed by Supervisor/Approver**

Department Name \_\_\_\_\_ Department No. **0503-**  
 Approver's Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
(can be different from supervisor) (can be same as approver)  
 Hourly Rate \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
(CA State Minimum effective Jan 1, 2016 is \$10/hr)

13. Is the student continuing/new hire for this semester OR (summer/winter) break? Continuing  New Hire

14. If continuing, is the above hourly rate changed from the most recent semester/break? YES  NO

15. If continuing, is the above account number changed from the most recent semester/break? YES  NO

16. If continuing, has the supervisor changed? If yes, please complete below YES  NO

Previous Supervisor \_\_\_\_\_ Current Supervisor \_\_\_\_\_

17. Does the student have more than one hourly rate? If yes, please complete below YES  NO

2<sup>nd</sup> Hourly Rate \$ \_\_\_\_\_ Account Number \_\_\_\_\_

18. Will the student continue working for your department in the upcoming semester/break? YES  NO

19. Completed by: \_\_\_\_\_ 20. Date Completed: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Thank you for completing the section VI. Please utilize answers on this form to submit the spreadsheet ☺